



Performance Bonding Surety & Insurance Brokerage  
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 Insurance License 0198731



## Customs Bond Application

New Bond CHB Name \_\_\_\_\_

Replacement of Existing Bond  Current Bond Subject to insufficiency (Attach Letter)

Importer Name: \_\_\_\_\_ Importer No. \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Type:  Corporation  Partnership  Proprietorship  Individual

| Describe Merchandise | HTS Code | Country of Origin |
|----------------------|----------|-------------------|
|                      |          |                   |
|                      |          |                   |
|                      |          |                   |
|                      |          |                   |

Any Merchandise Subject to Antidumping and/or Countervailing Duties?  Yes  No

|                               | Previous Year | Estimated Next Year |
|-------------------------------|---------------|---------------------|
| Total Value of Merchandise    |               |                     |
| Total Duties, Taxes, and Fees |               |                     |

Bond Limit requested (\$50,000. Minimum requirement): \_\_\_\_\_

Does Importer pay duties, taxes, and/or fees via Periodic Monthly Statement?  Yes  No

Has a surety paid any claims for an existing/previous bond?  Yes  No

Will this bond require the following:  Co-Principals/Divisions (Please attach list)

Reconciliation Rider

U.S. Virgin Island Rider

**I certify that the factual information contained in this application is true and accurate and any information provided which is based upon estimates is based upon the best information available on the date of this application. I also hereby acknowledge that there will be no Antidumping/Countervailing Duty entries made against the bond without prior approval of the Surety.**

BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
Signature